239896 2010-148-A OFFICE OF REGULATORY STAFF OFFICE OF REGULATORY STAFF OFFICE OF REGULATORY STAFF

## AUTHORIZED UTILITY REPRESENTATIVE FORM

TYPE: [] Water [] Sewer [] Both
CERTIFICATED COMPANY INFORMATION
CUC, Inc.
Company Name
CUC, Inc. (843)669-0130
Dba/fka   Telephone
2109 Timberlane Drive
Mailing Address
Florence, SC 29506
City, State, Zip Code
99 Utility Court, Callawassie Island
Florence, SC 29506  City, State, Zip Code  99 Utility Court, Callawassie Island  Business Location  OKafie, SC 29909  City, State, Zip Code  Beaufort  County
City, State, Zip Code County
REGISTERED AGENT INFORMATION
Registered Agent: Susan B. Mike II
Mailing Address: 3779 Byrnes Blvd
City, State, Zip Code: Florence, SC 29506
Pursuant to the Commission's rules and regulations, print or type company contact for the following:
A. General Manager: Billy F. Burnett
843-662-0753,843-673-9013, billyfburnett@earthlink.net
Telephone Number / Facsimile Number / E-mail Address
B. Customer Relations/Complaints Representative: <u>Marshall G. Bishop</u>
843-987-2727 1843-987-27231 CUC2723@cuc-inc.net
Telephone Number / Facsimile Number / E-mail Address
C. Engineering Operations: Billy F. Burnett
843-662-07531843-673-90131 billy fburnett @ earthlink.net Telephone Number / Facsimile Number / E-mail Address
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D.	Meter Test and Repairs: Marshall G. Bishoph OCT 192014
	843-987-27271843-987-27231 CUC 2723 (20) CUC VINZ IN 45 Telephone Number / Facsimile Number / E-mail Address
E.	Emergencies: Marshall 6. Bishop
	Emergencies: Marshall 6. Bishop  843-987-271843-987-27231 (uc2723@ cuc-inc. net Telephone Number / Facsimile Number / E-mail Address
In a	ddition, please provide the following company contact information to assist in proper routing of espondence:
A.	Financial: Susan B. Mikell
	843-667-6878 1843-669-0130   Smikell@aol.com
	Telephone Number / Facsimile Number / E-mail Address
B.	Customer Contact (Toll Free Number):
	Susan B. Mikell Susan Bulkell  This form was completed by (print name)  Signature
	Secretary-Treasurer 10-17-12
	Title Date

**RETURN COMPLETED FORM TO:** 

Public Service Commission of SC **Docketing Department**Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201